

**RELEASE AND WAIVER OF LIABILITY**

AmeriCorps St. Louis Emergency Response Team, \_\_\_\_\_ County, and Group Volunteers

**PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.**

This Release and Waiver of Liability, executed on (date) \_\_\_\_\_, by (volunteer’s name) \_\_\_\_\_, in favor of AmeriCorps St. Louis, \_\_\_\_\_ County, partnering relief organizations and \_\_\_\_\_, my primary organization of affiliation, and governmental subdivisions of jurisdiction (herein referred to as “the Storm Recovery Task Force”).

I, the volunteer, desire to work as a volunteer for the Storm Recovery Task Force and engage in activities, as coordinated by the Storm Recovery Task Force, related to being a volunteer. I understand that such activities may include, but not limited to, tree and debris, application of blue tarps, distribution of goods, I freely and voluntarily execute this Release under the following terms.

1. **Release and Waiver.** I hereby release and forever discharge the Storm Recovery Task Force from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with the Storm Recovery Task Force. I understand that this Release discharges the Storm Recovery Task Force from any liability or claim that I may have against the Storm Recovery Task Force with respect to bodily injury, personal injury or property damages that may result from my activities with the Storm Recovery Task Force. I also understand that the Storm Recovery Task Force does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

2. **Medical Treatment.** I hereby release and forever discharge the Storm Recovery Task Force from any claim which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with the Storm Recovery Task Force.

3. **Assumption of Risk.** I understand that my volunteer activities may include work that is hazardous, including but not limited to work around power tools, heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

4. **Insurance.** I understand that the Storm Recovery Task Force does not carry or provide health, medical, disability or auto insurance coverage for any emergent volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

5. **Photographic Release.** I hereby grant unto the Storm Recovery Task Force all rights to any and all photographic and video images made during my service to the Storm Recovery Task Force for internal use or reasons of publicity.

6. **Other.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*(for those volunteers under the age of 18)*

**Emergency Contact Information**

Contact Person’s Name \_\_\_\_\_  
Relationship to Volunteer \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_ Secondary Number \_\_\_\_\_